

STAFF

210

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DEPARTMENT
OPR

PCA #	
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CaliforniaVolunteers

11200

TELEPHONE NUMBER

1110 K Street Suite 210

916-323-7646

STATE
CA

ZIP CODE
95814

SUBTOTALS

\$18.00

1

\$18.00

COLLEAGUE CODE TARGET USE ONLY Y

CLAIM TOTAL

\$ - \$18.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Attended Reception in SLO- Collaborations 2009

No mileage- Carpooled with CV Staff

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

4ybd289

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

\$0.55

THE CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If
priv owned vehicle was used, and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate
claimant, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

(15) CLAIMANT'S SIGNATURE

DATE _____

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE _____

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE _____